

Announcements, Information & Resources

Harvard Study Shows Link Between IPV and Adverse Health Behaviors

Harvard researchers report that a woman who smokes and displays evidence of problem drinking has nearly a one-third likelihood of having been abused by an intimate partner within the preceding 12 months. That percentage jumps to a 54% likelihood of abuse in the course of her lifetime. The findings appear in the May 9, 2005 edition of *Archives of Internal Medicine*.

The study's lead author, Dr. Megan Gerber, a practicing physician at Cambridge Health Alliance and Instructor of Medicine at Harvard Medical School, notes "Our study hopes to raise physician awareness of how common domestic violence is in practice, especially among women who exhibit adverse health behaviors. Physicians regularly screen for tobacco and alcohol use in their practices, however routine assessment for domestic violence has been much more controversial, and many clinicians do not regularly ask their patients about it."

Intimate Partner Violence (IPV) is a major public health problem in the United States and victims are commonly encountered in medical settings. Many barriers exist to clinician-initiated screening for IPV. However, smoking and problem drinking are conditions that clinicians commonly screen for and both have been strongly associated with IPV in prior studies. By estimating the predicted probability of 12-month and lifetime IPV for a given patient based on whether she presents with these conditions, this study gives clinicians information that can help them identify patients at risk for IPV.

These findings were drawn from the Women and Family Life Project, a government-funded study that examines the health of battered women. The research was funded by a grant from the Agency for Healthcare Research and Quality.

A written survey was administered to 2,386 female medical patients throughout the greater Boston area. The probabilities of 12-month and lifetime abuse by an intimate partner were estimated based on women's reports of their smoking and drinking behaviors. Women who neither smoked nor drank in the study still had a 10% likelihood of abuse in the preceding year and a nearly 40% chance of lifetime abuse, illustrating how common this problem is in medical populations.

Gerber and her colleagues concluded that the presence of smoking or problem drinking should raise clinicians' suspicion for IPV. This paradigm should not replace direct questioning about IPV, but may aid in detection of abuse in patient populations.

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